

Moving Toward Transformation with the **Mental Health Block Grant!**

*Real Choices
for
Real Recovery and Resiliency*

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Department of Social and Health Services, Mental Health Division 2005*

Statutory Authority



Block Grants are awarded to States to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED).

- Under the authority of the Public Health Service Act (PHS Act)[\[1\]](#) and
- Subject to the availability of funds,
- The Secretary of the Department of Health and Human Services may award these funds
- Through the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

[\[1\]](#). Sections 1911-1920 and 1941-1954 of the Public Health Service Act (PHS Act)

The Evolution of Community-Based Mental Health

- **1963**: Community Mental Health Centers legislation
- **1981**: Conversion to Block Grants.
- **1986 and 1990**: Legislation for Development and enhancement of comprehensive community-based systems of care.
- **1992**: MHBG moved from the NIMH to the newly formed CMHS, part of SAMHSA, under the Department of Health and Human Services.
- **2000**: More flexibility to states through legislation.
- **2001**: New Freedom Initiative for people with disabilities.
- **2003**: President's New Freedom Commission Report on Mental Health.

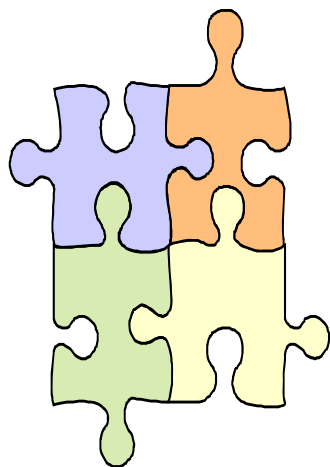
MHBG & State Plans:

Federal Goals That Tie These Together

- **Access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental and health services, along with mental health services and supports;**
- **Participation of consumers/survivors and their families in planning and evaluation of state systems;**
- **Access for underserved populations including homeless people and rural populations;**
- **Promoting recovery and community integration of people with psychiatric disabilities; and**
- **Accountability through uniform reporting on access, quality and outcomes of services.**

How Does The MHBG Fit With The Transformation Grant?

**Both are seated in the
New Freedom Commission's goals:**



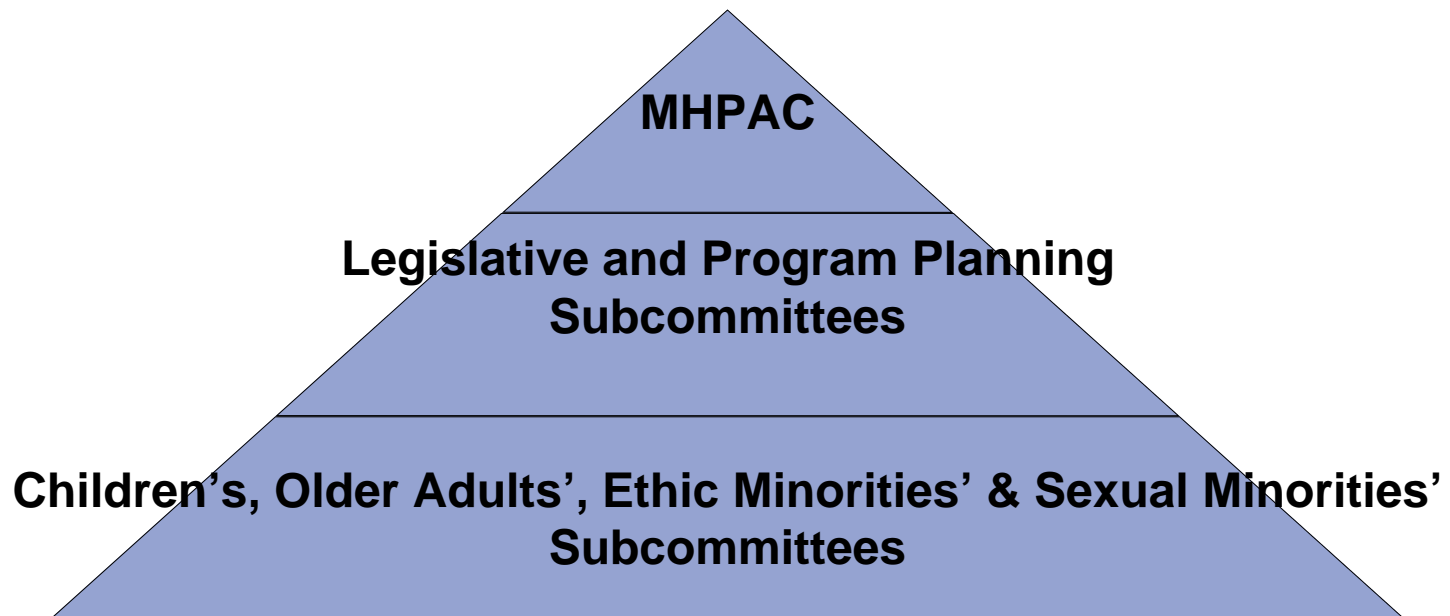
- 1. Americans understand that mental health is essential to overall health;**
- 2. Mental health care is consumer and family- driven;**
- 3. Disparities in mental health services are eliminated;**
- 4. Early mental health screening, assessment and referral are common practice;**
- 5. Excellent mental health care is delivered and research is accelerated; and,**
- 6. Technology is used to access mental health care and information.[\[1\]](#)**

[\[1\]](#). The President's New Freedom Commission on Mental Health, 5-6.

**SAMSHA/CMHA want both grants
closely aligned to facilitate recovery and resiliency.**

Oversight of MHBG: The Mental Health Planning and Advisory Council

- Operates under Public Law 102-321
- Charged with oversight of MHBG/ Advising MHD
- 28 member council with 6 standing subcommittees
- Membership of >51% consumers/advocates/family



The MHBG Plan: How Does It Get Developed?

- RSN's gather input from their RSN Advisory Boards
- MHD gathers input from RSNs, the MHPAC, & MHD staff
- MHD (MHBG State Planner) writes the Plan & submits it to MHPAC for review and approval
- MHD submits the Plan to DSHS Secretary and the Governor for review and approval
- MHD submits the approved Plan to SAMHSA.
- MHD must seek MHPAC review and approval for the final Implementation Report and any modifications to the Plan.

“Show Me The Money!”: How The MHBG Is Dispersed

The estimated MHBG FFY 2006 is approximately \$8.5 million, divided as follows:

- 5% is reserved for administrative costs/ salaries at MHD (grant limit)
- Of the *remaining* 95%:
 - 80% goes to RSN's through a historical distribution formula (per WAC)
 - 20% stays at MHD for Division Initiatives

What *Are* The Spending Limitations?

- **MHBG funding may *not* be used for the following:**
 - Services and programs that are covered under the capitation rate for Medicaid covered services to Medicaid enrollees;
 - The Contractor's administrative cost associated with salaries and benefits at the Contractor level;
 - Inpatient mental health services;
 - Construction/renovation costs;
 - Equipment costs of \$5,000.00 or more;
 - Capitol assets or accumulating operating reserve accounts;
 - Cash payments to consumers; or
 - State match for other federal funds.

Who May We Serve?

Benefits	Services	Use MHBG	Use Medicaid?
Consumer is <i>not</i> a Medicaid recipient	Any type	Yes	No
Consumer <i>is</i> a Medicaid recipient	Allowed under Medicaid	No	Yes
Consumer <i>is</i> a Medicaid recipient	Not allowed under Medicaid	Yes	No

Contracts: A Good Place To Start

- New Language
- New Timelines
- New Forms



Language: Tell It Like It Is!

- Clearer:
 - Expectations
 - Deliverables
 - Definitions
- Contractually sound
- Consistent with RSN contract language

New Timelines Using New Forms



- Initial Proposal Form
- Amendment Request Form
- Contract Progress Report Form
- Implementation Report Form

Initial Proposal Form

Goals:

- To streamline & expedite the process
- To provide clear expectations & requirements

Timeline:

- Due May 1st of each year to allow for both meaningful input into MHBG Plan submitted to SAMHSA and to ensure ample time to review and provide feedback for contract development.

Amendment Request Form

Goals:

- To streamline & expedite the process
- To provide clear expectations & requirements

Timelines:

- Due at least 30 days before proposed implementation date.

Contract Progress Report

Goals:

- To track progress of entire MHBG for Implementation Report to SAMHSA.
- To prompt RSN's to review how their plan is proceeding.
- To allow for unused funding to re-allocated before the grant expires.

Timelines:

- Will be due to MHD Jan 1st and April 1st (no foolin')

NOTE: This is a very simple form!

Final Implementation Report

- Form to be developed based upon a review of what is received October 2005

- Goals
 - To streamline & expedite the process
 - To provide clear expectations & requirements

- Timelines
 - Drafts due to MHD by August 1st
 - Final due to MHD by October 15th

Transformation- Recovery- Resiliency

There's No Turning Back!

- MHBG in the Past:

“Here's your money; now please go and do good”.

- MHBG in the Present:

“Please show us how you are doing good”.

- MHBG in the Future:

“Help us do better by focusing expenditure of these funds in more meaningful and measurable ways on the services that consumers and their families tell us they need to help facilitate their recovery and resiliency process”.

What Does “Do Better” Mean At MHD?

- New Strategic Plan
 - Developed in collaboration with the MHPAC
 - Seated in the President's New Freedom Commission Report
- Transformation Grant
 - Seated in the President's New Freedom Commission Report
 - Seen by SAMHSA as money to help develop and enhance the infrastructure that will use the MHBG funds for recovery and resiliency.
- MHBG
 - Aligned with the Strategic Plan, the Transformation Grant and the President's New Freedom Commission Report

MHD's Guiding Principles For Expending Our Portion Of The MHBG

- **Be in concert with the National Outcome Measures and fall within the parameters of the MHBG assurances and requirements;**
- **Work in tandem with the Division's Strategic Plan which, has been updated in collaboration with the MHPAC to incorporate the ideals of "Achieving the Promise: Transforming Mental Health Care in America";**
- **Hold meaningful and measurable outcomes that are in line with articulated consumer/family voice;**
- **Link well to other resources and transformation activities;**
- **Meet needs in the system that are not fulfilled elsewhere, allowing for minimal negative impact on other service agencies if funding is not approved; and**
- **Align well with other Division initiatives or legislatively mandated expectations.**

Spending Focus FFY 2006: MHD's Portion Of The MHBG

- **Consumer, advocate, and family voice** driven and promoted activities
- **Vocational** initiatives that lead to meaningful employment
- **Residential** resources that promote safe and affordable housing
- **Tribal** supports that improve infrastructure and services to tribal communities
- **MHPAC** resources that ensure consumer participation continues to increase and that state-wide diversity is represented
- **Data Development** to validate success or areas for improvement

The Role Of Data With The MHBG

- MHD's data collection and Performance Indicators Report are built around the MHBG's National Outcome Measures (NOMS). These are requirements for receiving MHBG funds and are a large portion of what we address in our Implementation Report to SAMHSA.
- MHD is targeting our resources, training, and research activities to the defined goals in the MHBG.

What To Expect Next Year:

- Proposals will be reviewed against MHD's Guiding Principles;
- The entire process will be more smooth, clear, and meaningful for everyone; and
- We will move closer to transforming a system that promotes real choices for real recovery and resiliency!

True Transformation: How Do We Get There From Here?

“The most
important
thing is to
never stop
questioning”

-Albert Einstein

